

**Rates / Residential Habilitation Subcommittee Meeting**  
**June 28, 2017**  
**Division for Intellectual and Developmental Disabilities**  
**1570 Grant St, Denver, CO 80203**

Quality Subcommittee Members		Facilitators / State Staff	Guests
<b>In Attendance:</b> David Bolin, <i>Accent on Independence</i> Gerrie Frohne (WIC), <i>Family Member, PADCO</i> Kevin Graves, <i>CommonWorks</i> (phone) Tamara French, <i>Discover Goodwill</i> Carol Meredith, <i>The Arc of Arapahoe &amp; Douglas Counties, Family Member</i> Rob DeHerrera, <i>Developmental Disabilities Resource Center</i>	<b>Not in Attendance:</b> Roman Krafczyk, <i>Easter Seals Colorado</i>	<b>Facilitation:</b> Emily Holcomb, <i>The Civic Canopy</i> Joe Weber, <i>The Civic Canopy</i>  <b>Note Capture:</b> Emily Moore, <i>Red Pen</i>  <b>Department Staff:</b> Alicia Ethredge, <i>HCPF</i> Lori Thompson, <i>HCPF</i> Matt Baker, <i>HCPF</i> Randie DeHerrera, <i>HCPF</i> Scott Nelson, <i>HCPF</i>	Bob Lawhead, <i>Family Member, CDDC, Colorado Association of People Supporting Employment First</i> Dana Snedden (WIC), <i>The Arc of the Pikes Peak Region</i> Ellen Jensby (Alliance) Kidron Backes (WIC) <i>InspirationFields</i> Matt (surname inaudible) <i>Imagine!</i> (phone) Steve Valente, <i>Dungarvin</i>

Agenda Item	Summary of Discussion	Requests & Follow-Up
Welcome, Introductions, and Agenda Overview (Joe Weber)	<ul style="list-style-type: none"> <li>Review of Department mission and role of council, working agreements, and agenda.</li> <li>Review of May 22 WIC meeting summary (no comments / changes)</li> </ul> <p><b>Rob DeHerrera:</b> Question about <i>the Haves</i> vs. <i>the Have-nots</i> (Comprehensive Services waiting list)</p> <p><b>Lori Thompson:</b> Department may need to gather data this summer on the following:</p> <ol style="list-style-type: none"> <li>Number of people who are on the Developmental Disabilities (DD) waiting list and who are currently accessing the SLS (Supported Living Services) waiver</li> <li>Gap between what they get from SLS vs. what they actually need. (Per Scott, currently no way to measure this.)</li> </ol> <p><b>Bob Lawhead:</b> Why not use existing DD waiting list data?</p> <p><b>Gerrie Frohne:</b> Don't trust Case Managers to provide information about current participants (in anecdotal survey).</p> <p><b>Steve Valente:</b> Some people on the Comp waiting list wouldn't take SLS (doesn't meet their needs; no available provider)</p> <p><b>Dave Bolin:</b> There are people who have never even heard of a CCB.</p>	Data requests: 1) Number of people on DD waiting list who are currently accessing the SLS waiver 2) Gap between what folks get from SLS vs. what they actually need

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	<b>Carol Meredith:</b> Some SLS people can live at home with increased other services & Family Caregiver (FCG) support – don't need ResHab	
History of Waiver Redesign in Colorado (Alicia Ethredge)	<p><b>Current Waivers are:</b></p> <ul style="list-style-type: none"> <li>• Inflexible and outdated</li> <li>• Individuals and families want greater control and authority</li> <li>• Encourage a caretaker role</li> <li>• No alternative service delivery options</li> <li>• History of waiting lists</li> </ul> <p><b>Community Living Advisory Group (CLAG) recommended waiver simplification</b></p> <p>Alicia shared a timeline of the path to Waiver Redesign (see PPT)</p> <p><b>Workgroup Recommendations:</b></p> <ul style="list-style-type: none"> <li>• Single HCBS waiver for adults with IDD</li> <li>• Array of broad, flexible services</li> <li>• Service definitions should not be “place-based”</li> <li>• Broad spectrum of service delivery options</li> <li>• Person-centered service planning and delivery</li> <li>• Explore value-based reimbursement methodologies</li> <li>• Waiver development and implementation council</li> </ul>	
Waiver Redesign Challenge (Lori Thompson)	<ul style="list-style-type: none"> <li>• Designing services that are: Flexible and Fluid; Person-Centered; Self-Directed; and Not “Place-Based”</li> <li>• Ensuring that people get the right service, in the right amount, in the right place, at the right time, per their individuals preferences, goals, aspirations and needs</li> <li>• The redesigned waiver is sustainable long into the future and people get equitable access to the waiver</li> </ul>	
Service and Coverage Standards (Matt Baker)	<p><b>Health Maintenance (HM) &amp; Personal Support Services (PSS)</b></p> <ul style="list-style-type: none"> <li>• Crosswalk the Residential Habilitation Service</li> <li>• Intent: that services are not place based. (Services can still be provided at residence – group home, host home, etc.)</li> </ul>	

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Service and Coverage Standards (cont.)	<ul style="list-style-type: none"> <li>• Personal support attendant is intended to cover most of what is currently res hab. Continues supportive supervision component which could be round the clock services for health &amp; safety. Intent is to ensure supportive supervision is broad enough to include protective oversight.</li> <li>• To ensure coverage, also proposing HM services as separate service to enable skilled health services. Currently in ResHab skilled health services are delivered by home health agencies &amp; nurses, and billed at higher rate. Can be costly and inefficient. For people who do not choose to self-direct or who don't have an authorized representative to direct services, their skilled care needs would have to be met by someone through a Home Health Agency for their skilled services. Currently in ResHab, Home Health is allowed in for acute episodes only (60-day max.)</li> <li>• Per David Bolin, definitions don't meet current consumer direction definitions. Lori explained that Department is working with a contractor to attempt to align service definitions and provider qualifications.</li> <li>• David recommended that definitions be written in a way that gives more control to the individual receiving services rather than having a nurse control all services. The goal is to empower people to direct their own care as much as they want, and to teach people to direct their care so that they don't need to be in such a formalized setting.</li> <li>• Considering combining HMS into PSS, as originally recommended by workgroup. Would be more practical for providers not to have to track and bill separately. There are pros and cons to this approach.</li> </ul> <p><b>Questions / Comments Captured During Discussion</b></p> <ul style="list-style-type: none"> <li>• Electronic Visit Verification – fraud issue</li> <li>• Individual budgets based on their preferences / needs</li> <li>• Identify legislation that hinders allowed process</li> <li>• Budget request</li> <li>• Statutory (Programmatic)</li> <li>• Waive portions of NPA (done in CDASS and IHSS) – <i>“a person needs to be able to move among the delivery models based on what they need in a given year. Sometimes people are fine directing their own care. But if something happens – there's a big change in condition – and they need to move to a medical model -it's such a fight to do anything. That needs to change. It will involve legislation.”</i></li> <li>• No Managed Care – statute does not allow in Colorado</li> <li>• Rules/CDPHE for SLS vs DD</li> </ul> <p><b>Gerrie Frohne:</b> Any opportunities for stakeholders to participate in contractors' work?</p>	<ul style="list-style-type: none"> <li>• Budget Request</li> <li>• Statutory / Programmatic</li> <li>• Portions of the Nurse Practice Act (NPA)</li> </ul>

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Service and Coverage Standards (cont.)	<p><b>Alicia Ethredge:</b> We are working with multiple contractors and have been bringing stakeholder feedback to them (e.g. the input provided during quality subcommittee meeting (6/14/17) regarding training needs. The WIC could review and weigh in on contractor recommendations.</p> <p><b>Q. Is the contractor aware of another state that has successfully unbundled residential services?</b></p> <p>A. The contractor looked into that and there is no evidence that another state has done this.</p> <p><b>Participants' Top Concerns (provided via written comment)</b></p> <ul style="list-style-type: none"> <li>• <i>Pros of unbundling:</i> not forced into “silos”; flexibility to choose services and change services.</li> <li>• <i>Cons of unbundling:</i> Cost impact analysis?; rate setting.</li> <li>• Funding for remote monitoring technology</li> <li>• (PSS) Billing and documentation should not be every 15 minutes</li> <li>• (HMS) CDPHE Licensure, Home Care Agency Class A &amp; B. “Everyone I’ve known who had high medical needs that required RN-level care, needed a very specific, person-centered intervention model (specialized training). Compared to what we have now, this looks difficult to manage (e.g. diabetes, seizure disorder, autism) – they need training for this individual.”</li> <li>• (HMS) Skilled Behavioral Services – HM should also include psychiatric behavioral services - in an all-day every day kind of way which is not an intervention like (as in the case of OT/PT speech). Inherent budgetary bias in CDASS that favors traditional medical needs over behavioral health needs.</li> <li>• What standards of oversight/monitoring would be done by State regulatory agencies in a fully implemented, self-directed model and what obligations of oversight/protection would fall on service providers, CCBs, &amp; case managers?</li> <li>• I am concerned about many of the issues put forth. Mostly, we need to ensure that people are not being institutionalized as a result of complex issues (in and out, in and out) – behavioral crisis, wound care, etc.</li> <li>• Service definitions must align across all waivers. Don’t match up to current HMA and personal care definitions.</li> <li>• If you want a blended rate, why not just develop a budget or individualized daily rates?</li> <li>• (HM) Health maintenance from an HHA requires doctor’s orders</li> <li>• (PSS) 2<sup>nd</sup> to last full ¶: “These services are only provided when...” Is this section in conflict with FCG and family members being paid for services?</li> <li>• (HM) Tasks don’t require physician orders, but could for medication administration, certain home therapy programs, etc.</li> </ul>	

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	<ul style="list-style-type: none"> <li>• The cost of supportive supervision hours, combined with other PSS attendant service hours and HM services will exceed the current IRSS daily rate if provided in a manner consistent with the Final Setting Rule. The IRSS daily rate serves as a “managed care” mechanism that keeps costs manageable for participants requiring 24/7 supervision. If congregate models are used to keep costs down, the state risks CMS or legal action due to Olmstead noncompliance.</li> <li>• We need to have a reimbursement method that accommodates larger increments of time. Can’t create a system that requires logging every 15 minutes of service – takes time away from client care.</li> <li>• If we combine HM &amp; PSS, essentially that is our residential service now. How can the state afford this?</li> <li>• Unit of measure as it relates to service delivery</li> <li>• Dept. of Labor concerns as related to Host Homes &amp; current payment methodologies. Allowability and potential implications</li> <li>• (HMS) How will the interplay with CDASS &amp; FMS work for someone who selects this &amp; is currently in the DD waiver?</li> </ul>	

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Pros and Cons (Joe Weber)	<p><b>PROS</b></p> <ul style="list-style-type: none"> <li>Increased choice and authority over supports and services (no longer directly connect to their housing)</li> <li>Where provider alternatives are limited, individuals may choose living arrangements they might, otherwise have not chosen to receive services</li> <li>New waiver easier to understand and navigate.</li> <li>Reduces anxiety for individuals and families because more fluid (scarcity scares people)</li> <li>If administrative oversight from DD rules decreases, people can be more independent</li> </ul> <p><b>CONS</b></p> <ul style="list-style-type: none"> <li>Housing in Colorado</li> <li>Daily rate offers security (Host Homes considered “adult foster care” – don’t claim Res Hab as income)</li> <li>Waivers cannot ever pay for housing costs (people use Social Security benefits to pay providers).</li> <li>Need more info on what this will cost (e.g. if people have a semi-set budget and choose) Randie: model must precede setting rates. Need a couple of options and then we can price it out.</li> <li>Fear that service rationing will be required (“haves” will have less)</li> <li>People who require 24/7 supervision, per unit cost for supportive supervision will exceed the daily rate.</li> <li>DD rules / administration make people less independent (“motherly”)</li> </ul>	
Plus/Delta	<p><b>Creative Models / Solutions</b></p> <ul style="list-style-type: none"> <li>Michigan – Managed Care 1915c</li> <li>Individualized budgets using new Colorado assessment tool</li> <li>North Dakota – Focus on the Future</li> <li>Consumer Direction in all services – including setting wages</li> <li>Support building relationships in the community to ease budget (using unpaid supports)</li> <li>Remote monitoring technology and assistive technology to increase independence and family feeling secure</li> <li>CDASS flexibility of Fiscal Management Service (FMS) (who can do it)</li> <li>Can we add the buy-in this waiver? Would simplify the system.</li> <li>List the funding &amp; legislative barriers to self-directed, unbundled waiver and make them a focus of partnerships in work with JBC.</li> </ul>	
Plus/Delta	<p><b>Concerns Regarding Solutions</b></p> <ul style="list-style-type: none"> <li>Caution do not over-rely on unpaid supports to reduce costs</li> <li>Assistive technology – if provider contact drops and that’s the person’s only relationship = harmful</li> <li>New waiver may be administratively burdensome without revised rules to fall more under SLS</li> </ul>	Ongoing communication from PD&E to WIC; Send email alert when

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	<ul style="list-style-type: none"> <li>Ongoing communication from PD&amp;E to WIC; Send email alert when anything changes in the Online Forum</li> </ul>	changes in Online Forum
Scott Nelson's Questions	<p><b>Feedback on Scott's Questions</b></p> <ul style="list-style-type: none"> <li>Unbundle – smaller increments = flexibility. Current levels are not accurate.</li> <li>Assessment tool – Individualized rate based on service need that fits with assessment tool and service planning</li> <li>Individualized monthly budget based on support need</li> <li>Daily rates make sense for hospitalization</li> <li>Daily rate should include personal services, health maintenance, and behavioral</li> <li>Supportive employment should be billed separately + hourly. Per diems should be considered for:               <ol style="list-style-type: none"> <li>Residential</li> <li>Enhance Supported Living (Day Services)</li> </ol> </li> <li>CDPHE expecting more of SLS PASA oversight to look identical to DD waiver on provider side, there is no difference in CDPHE surveys (much agreement on this point).</li> <li>CDPHE surveyors say Family Caregiver needs to be treated like a host home – not how it should be</li> <li>Paid Family Caregivers (FCG) should be paid and treated same as all other PASA staff</li> <li>Individual may want oversight, so important that it be individualized</li> <li>Need person at the table who can translate / navigate toward what is realistic</li> <li>Also, PD&amp;E to develop a crosswalk with creative models/related statute/related waiver language/regulation/ consequence or impact</li> </ul> <p>Scott – rebasing rates with current methodology and incorporating recent research. Will share the work with WIC.</p>	Need PD&E to develop a crosswalk with creative models/related statute/related waiver language/ regulation/ consequence or impact
Plus/Delta	<p><b>What went well</b></p> <ul style="list-style-type: none"> <li>Lori's participation</li> <li>People's investment was obvious</li> </ul> <p><b>What needs improvement</b> (Nothing)</p>	
Next Meetings	<p>Canopy's last day of contract is today. Dept. needs the summer to analyze and then synthesize the information received (WIC recommendations, data from eight contracts) 8/28 full WIC meeting unlikely. Plan instead to reconstitute a WIC (phase 2). Fall roadshow unlikely.</p> <p>In the meantime, Online Forum is in place. Some members have accessed but not participated in discussions.</p> <p>PD&amp;E will provide regular status updates to the WIC regarding data collection and analysis, drafts of Service and Coverage Standards, and WIC members can share those with constituents. No plans for formal</p>	

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	WIC meeting until closer to beginning of 2018. In the interim, HCPF will be developing crosswalk to be provided during regular updates. When changes in Online Forum, group asks to be notified. In the meantime, Matt is incorporating feedback into the S&C standards.	
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